LANCASTER CARE CENTER 12EO COUTTI MADICON CUDERT

135U	SOUTH	MADISON	SIKEEI
T 7 NTC/7	מששט		2012

LANCASTER 53813 Phone: (608) 723-4143 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled

Operate in Conjunction with Hospital?

No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/05): 66 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 70 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/05: 59 Average Daily Census: 61

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	*	Age Groups	*	Less Than 1 Year	30.5			
Developmental Disabilities	0.0	 Under 65	1.7	1 - 4 Years More Than 4 Years	40.7 28.8			
-		!		More Illali 4 fears	20.0			
Mental Illness (Org./Psy)	11.9	65 - 74	6.8					
Mental Illness (Other)	1.7	75 - 84	35.6		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	45.8					
Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.2	Full-Time Equivalent				
Cancer	0.0	İ		Nursing Staff per 100 Resi	dents			
Fractures	5.1	İ	100.0	(12/31/05)				
Cardiovascular	28.8	65 & Over	98.3					
Cerebrovascular	0.0			RNs	6.8			
Diabetes	18.6	Gender	8	LPNs	11.2			
Respiratory	1.7			Nursing Assistants,				
Other Medical Conditions	32.2	Male	28.8	Aides, & Orderlies	33.4			
		Female	71.2	İ				
	100.0	İ						
		İ	100.0	İ				

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care]	Managed Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	2.6	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	5	100.0	252	38	97.4	114	0	0.0	0	14	100.0	145	0	0.0	0	1	100.0	304	58	98.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		39	100.0		0	0.0		14	100.0		0	0.0		1	100.0		59	100.0

LANCASTER CARE CENTER

Admissions, Discharges, and		Percent Distribution	ı of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	25.4	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.4		52.5	44.1	59
Other Nursing Homes	0.0	Dressing	5.1		86.4	8.5	59
Acute Care Hospitals	72.9	Transferring	28.8		55.9	15.3	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		57.6	16.9	59
Rehabilitation Hospitals	0.0	Eating	30.5		54.2	15.3	59
Other Locations	1.7	*******	******	*****	*******	******	******
otal Number of Admissions	59	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	6.8	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	36.5	Occ/Freq. Incontiner	it of Bladder	55.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	it of Bowel	32.2	Receiving Suct	ioning	0.0
Other Nursing Homes	9.5	_			Receiving Osto	my Care	1.7
Acute Care Hospitals	11.1	Mobility			Receiving Tube	_	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	1.7	Receiving Mech	anically Altered Diets	25.4
Rehabilitation Hospitals	0.0					-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	41.3	With Pressure Sores		5.1	Have Advance D	irectives	84.7
otal Number of Discharges		With Rashes		6.8	Medications		
(Including Deaths)	63				Receiving Psvc	hoactive Drugs	76.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	Ownership: Proprietary Peer Group % Ratio		Size:	Lic	ensure:				
	This	Pro			-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer	Group	Faci	lities		
	%	%			% Ratio		Ratio	ે	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	87.1	86.8	1.00	88.1	0.99	88.3	0.99	88.1	0.99		
				73.2	1.32		1.37	77.6	1.25		
Current Residents from In-County	96.6	76.7	1.26			70.5					
Admissions from In-County, Still Residing	28.8	16.9	1.71	17.1	1.68	20.5	1.41	18.1	1.59		
Admissions/Average Daily Census	96.7	168.8	0.57	157.6	0.61	123.5	0.78	162.3	0.60		
Discharges/Average Daily Census	103.3	172.6	0.60	161.4	0.64	126.7	0.82	165.1	0.63		
Discharges To Private Residence/Average Daily Census	37.7	69.5	0.54	63.4	0.59	50.1	0.75	74.8	0.50		
Residents Receiving Skilled Care	100	95.0	1.05	96.2	1.04	94.1	1.06	92.1	1.09		
Residents Aged 65 and Older	98.3	92.7	1.06	93.7	1.05	92.5	1.06	88.4	1.11		
Title 19 (Medicaid) Funded Residents	66.1	67.3	0.98	68.3	0.97	70.2	0.94	65.3	1.01		
Private Pay Funded Residents	23.7	18.0	1.32	20.2	1.18	19.0	1.25	20.2	1.18		
Developmentally Disabled Residents	0.0	0.6	0.00	0.6	0.00	0.5	0.00	5.0	0.00		
Mentally Ill Residents	13.6	29.4	0.46	34.6	0.39	37.2	0.36	32.9	0.41		
-	32.2			24.3		23.8	1.35	22.8	1.41		
General Medical Service Residents		28.0	1.15		1.33						
Impaired ADL (Mean)	51.2	48.0	1.07	49.5	1.03	47.2	1.08	49.2	1.04		
Psychological Problems	76.3	53.5	1.43	58.5	1.30	58.9	1.30	58.5	1.30		
Nursing Care Required (Mean)	6.1	6.8	0.90	6.5	0.95	7.1	0.86	7.4	0.83		